

Insurance Agency Affiliation Disclosure

USE THIS FORM TO: Add or cancel an affiliation with an existing agency for these individuals or entities: Officer, director, producer, stockholder of 10% or more, limited liability corporation member, partner, sole proprietor, dealership, dealership owner, lender.

Agency Information

Agency Name _____

System ID/License number _____ Employer ID number _____

Action Type ☐ Add ☐ Cancel Effective Date (Retroactive a maximum of 30 days) _____

Affiliate Information (leave System ID/License number blank if affiliate is not a licensed individual or business entity licensed with OFIS)

Name: _____ Business phone number _____

System ID/License number _____ Social Security or Employer ID number _____

Address Line 1 _____

Address Line 2 _____

City _____ State/Province _____ Zip/Postal code _____ Country _____

Email address _____

The following questions must be answered by the affiliate identified above.

1. Have you ever been convicted of committing a crime, or are you currently charged with committing a crime, whether or not adjudication was withheld? (Crime includes misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations, driving under the influence of alcohol first offense citations, disturbing the peace and juvenile offenses.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you or has any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? ("Involved" means having a license censured, suspended, revoked, cancelled, terminated or assessed a fine, placed on probation, or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding that is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? (You can answer "no" to this question for a garnishment where the debt has been paid and the obligation fully satisfied, or if the order of judgment has been fully satisfied or the matter dismissed.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation, or conversion of funds, misrepresentation or breach of fiduciary duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have a child support obligation in arrears that is currently subject to a repayment agreement or are you subject to a child support related subpoena/warrant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any question, refer to the Office of Financial and Insurance Licensing Services Web site (www.michigan.gov/ofis) for instructions regarding necessary attachments/explanations.

Certification: I certify that I have read all of the statements on this form and that they are true. I understand that any false statement, misrepresentation, or fraud in connection with this Agency Affiliation form may result in civil penalty, revocation, suspension or denial of this insurance agency license. I also certify that I have read the instructions and material stated on this form and I am in compliance with all requirements and regulations referenced in it.

Signature of affiliate individual named above or authorized licensed producer if signing on behalf of the entity named above	Date signed	Name and title printed or typed if licensed producer is signing on behalf of the entity named above

FORM MAY NOT BE FAXED

When complete, please send by mail or delivery to:

Thomson Prometric/OFIS
3105 S Martin Luther King Blvd PMB 179
Lansing MI 48910-2939

Authority: PA 218 of 1956 as amended. Required to list persons and entities affiliated with a licensed agency in Michigan. Failure to file for required persons or entities may result in an action against your producer license or any other license granted to you by OFIS. Actions may include license suspension, revocation, limitation and/or monetary fines penalties and costs.



Michigan Department of Labor & Economic Growth

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Visit OFIS online at: www.michigan.gov/ofis Phone OFIS toll-free at: 1-877-999-6442